

## LR 513 Medical Home Working Group Meeting Minutes

Date: October 17, 2012

Place: Hearing Room 2102, Second Floor, State Capital Building, Lincoln, Nebraska

Participants: Senator Mike Gloor, Dr. William Minier, David Phillip and Camern Arch, Blue Cross and Blue Shield of Nebraska, James Watson, Laura Hope and Daniel Clue, M.D. of United Health Care, Robert Rauner, M.D. Partnership for a Healthy Lincoln, Academy of Family Physicians and Nebraska Medical Association, Jon Edwards, Cutshall and Nowka, Academy of Family Physicians, and Nick Faustman, Nebraska Hospital Association

Legislative Staff: Roger Keetle

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### Meeting Summary:

I. Follow up on letter of intent: Senator Gloor reported that Blue Cross and Blue Shield of Nebraska had formally responded with a letter of intent to participate in the planning of a broader PCMH initiative.

Senator Gloor will follow up with Coventry to determine if the company is willing to participate.

United Health Care reported that no other purchasers had expressed an interest in PCMH program except Medicaid and that they would not be submitting a letter of intent. Senator Gloor invited UHC to participate in the working group discussions to foster the implementation of the PCMH when UHC did decide to provide a broader program.

II. Follow up on grant application: Senator Gloor reported that the Department of Health and Human Services had decided not to participate in the grant application. The Department was not in a position to move forward at this time and until the results of the pilot program are formally evaluated. Senator Gloor reported that his staff believed that assistance may still be available from the National Academy of State Health Policy even if the State of Nebraska did not get a formal grant.

III. Where do we go from here? Senator Gloor asked for the participant's input and advice on how to gain some uniformity in the PCMH programs of the insurers.

1. Definition of PCMH for our purposes: Blue Cross Blue Shield representatives stated their company excepted NCQA program standards but did not require formal certification and its associated cost. They also accepted the URAC and Joint Commission program requirements. After discussion the definition adopted by DHHS for the Medicaid program appeared to be broad enough to encompass the definition of the various certification programs and could be used as a starting point.
2. It was agreed that if quality is improved it follows that program is cost effective and provide overall cost savings to the health care system. Since no agreement upon fees is involved antitrust issues are avoided. If the goal is to improve the health of Nebraskans the quality standards adopted by the Medicare program might be used to provide uniformity between payers and for quality improvement across programs. A number of physician groups have applied to participate in the Medicare program because start up funds are provided to meet

the additional start up costs necessary and because additional reimbursement is available to make the PCMHs sustainable..

ACTION ITEM: The Medicare Quality Performance Standards for Accountable Care Organizations (ACO) should be reviewed and considered as uniform standards for all payers. Staff was directed to send the ACO standards to the members of the working group by electronic means. These performance standards will be discussed at the next meeting.

Another concept that was discussed was to share data across plans to get large enough numbers of patients with chronic diseases and a sample size to measure the success of the performance standards. The State of Minnesota has such pooled data available on the Internet.

3. Representatives of Blue Cross suggested that the Academy of Family Practice should consider periodic telephone conferences to promote best practices between PCMH practices and share success stories.
4. Senator Gloor asked for the participants input on developing a work plan.

ACTION ITEM: It was agreed that a subgroup composed of Senator Gloor, Dr. Rauner and Legislative Staff, Margaret Kohl and Roger Keetle should prepare a draft work plan for review at the next meeting.

5. The next meeting will be in early December after the group is polled to establish the best meeting date and time.
6. The meeting was adjourned.